Denmark

Copenhagen

Elodie Kassa
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I understand that (i) I have the right not to consent to the release of my Portfolio, (ii) I have the right to inspect my Portfolio, and (iii) I have the right to revoke this consent at any time by delivering a written revocation as set forth herein. I understand that this authorization remains in effect from the date I sign through the date on which I deliver written revocation of my consent.

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I have read and agree to the terms of this Agreement:

Student
Name: Diana Kassa __________________________
Email: ekassa@uwm.edu __________________________
Signature: __________________________

Parent/Guardian Information (if under 18):
Name: __________________________
Email: __________________________
Internship Learning goals

**Skills goals:** Given that I do not have much experience in my field I believe I have a lot of soft skills which will allow me to do the work assigned to me. I understand that I will be doing a lot of research, which means that I will be able to put my data analysis skills to good use. I am expected to work independently, so one goal I would like to work toward is improving my leadership and communication skills. For an organization such as this one I believe developing these goals in will help me now and in the future.

**Knowledge goals:** Understanding what InnoAid does, I expect to learn more about the process of funding raising. My coursework so far has included the theoretical aspects of funding and what sort of organizations are usually part of the development processes. I hope that by working with InnoAid I will be able to combine process and theory.

**Values goals:** Throughout my UWM career, I have only scratched the surface of understanding what issues such as poverty, ethnic conflicts and allocation of resource issues entail. What I am looking forward to learn from InnoAid is the reasons behind working for rural Indians. The organization aims to help the sick and elderly and pregnant women. My goal is to gain perspective on the difficulties of people who live rural India, who do not have access to basic human needs. In addition, if InnoAid is pushing for better healthcare transportation, I need to understand if that is the top priority for the Indians. I really look forward to diving into my research to understand more about the project and the needs of those people.

**Career/personal development goals:** How could your internship impact your short- and long-term career plans? Think about your internship in relation to the education and professional development required for a career in this (or another) field.

I feel that my short- and long-term career goals may be greatly enhanced by this internship mostly because it is an international internship. In the future I hope to work for development organizations, and one of their main functions is fundraising. I hope this internship allows me to develop the skills to properly research and propose funding projects. I understand that not all organizations are the same and that the processes may differ especially depending on the size of the organizations, but this internship will be a start for future projects I hope to be involve in.

Matias Pollman Gomez 1/3/2014

Elodie Kassa 1/3/2014
Inquiry Letter

Journal
Week 1.

So I am in Copenhagen, Denmark and I am ecstatic. Not only is it warmer than Milwaukee it is beautiful here. I am here visiting my family and am also working for an organization called InnoAid. The organization aims to innovate new and effective ways to improve the lives of people living in the Sundarbans, India. It also has several different projects in Bengali and in Nepal. I was brought on to the team to figure out fund raising processes for the new and current project called the Bengali Rural Ambulance project. The project aims to provide a safe and effective ambulatory system in the Sundarbans. The initial research has been done, some prototypes have been designed and now what is needed is funding from organizations around the world, which is where I come in. I am to research and match competencies between our program and the donor agencies.

My first week has pretty much been relaxed. I went to the office, and since the majority of the InnoAid partners have full time jobs there is generally no one in the office. The good thing is that we share the building space with other agencies so I got to meet other people working in the building. I did not get a chance to meet any one yet but I have started my work. My supervisor gave me my marching orders and I am on it. I compiled a list of potential donors and will continue to do so until we have an acceptance letter.

That is all for this week nothing much really happened. The most exciting thing that happened was a random lady on the bus yelling at me to give up my seat and making a big scene. I will say that the Danes are not as nice as they are portrayed to be, I will even go so far as to calling them a little rude, and I have been to China! I had an easier time on public transportation and with people in China than I have with the Danes.
Week 2:

Week two has definitely been a little more productive. First I want to say how proud I am to have already mastered the public transport system. My aunt and uncle live about 30 minutes from the Copenhagen main station, then I have to take a bus that takes me to work from the station, in total my commute is 56 minutes. One of the things I love most about working here is how everyone is relaxed and people are so effective and on top of that nobody stays at work past 4 pm.

My research this week has definitely been more interesting. I had no idea that there were so many agencies and network dedicated to funding and helping organizations with their innovations and ideas. This week I spent a lot of my time identifying those agencies and matching competencies. It takes a lot of time, especially because on the surface it seems that every agency is compatible, however after reading through the websites and understanding criteria you realize, that is not the case. Each organization specifies the kind of funding they provide and what sorts of programs and initiatives they will consider. After sorting through a bunch of organizations, I started compiling my excel sheet to keep myself organized. Once I have compiled as many organizations as I possibly can I will write up a letter of inquiry and whoever accepts my letter I will start sending out funding proposals. To be honest I am a little worried about that process because I am not used to writing those kinds of emails. I have to be short and concise, my intent has to be clear and I have to be very professional. I have never done such a thing and it is a bit intimidating. I guess that is the point of working abroad, to learn new things and come out of my shell. I have spoken to some colleagues and they all tell me that once I get more familiar with the process and once I know more about what InnoAid stands for and all of its attributes, it will become easier to sell it. I hope they are right.

Aside from work, this week was Christmas, and I got to celebrate Christmas the Danish way. The Danes love their traditions and usually follow them to the letter every year. My uncle (who I am staying with) let me know that sometimes if something is missing or if a ritual is not done properly, there is a lot of fighting. Traditions are also different depending on which part of Denmark you were raised. One menu item the Danes do not exclude from their holiday meal is pork. Each meal has to
have a version of pork, whether it is baked, sautéed, fried, etc. and in form, steak, sausage, meatballs, etc. The food was delicious. The traditions were funny and really amazing; one of my favorites is the tradition of dancing and singing Danish carols, around the Christmas tree. I also celebrated New Year’s Eve with my family. One thing that I learned about the NYE traditions is every year at 6pm every Dane in the country sits around the television to hear a speech from the queen, whom they love very much, and at midnight people shoot up their own personal fireworks. We all had to wear goggles. It was so much fun.
Week 3:

Working 40hrs a week is no joke. I was worried I was not going to meet the 160hrs required for the winterIM session but my workload is so much that I have even been working nights. Since I live outside of the city I usually leave work around 4pm get home at 5pm do some more work, and then have dinner with my family. I really believe this work is a lot because of the amount of research. This week I not only continued to add potential donor agencies to my list, but I started writing and sending out letters of inquiry to organizations. The writing process is tedious and difficult at times especially when the message conveyed has to be concise and informative. Also you do not want to reveal too much in the letter of inquiry because, it may run too long. Some things to add in a letter of inquiry include information on our organization, what our project is about, who it helps, and how much we need. It sounds easy, but I must have written 10 different drafts just to be sure my letter was perfect. I also got help from Matias, my supervisor who has been really helpful and directs me very well. In my work I noticed the Canadians seem to be giving a lot of funding to international agencies, I also noticed that as long as the project you are requesting a grant for truly helps the demographic an organization is targeting, most often than not, they receive funding.

This week was a bit challenging but I worked through it. Understanding how to tailor a letter for each organization can be tricky. I was able to send out 10 letters this week. No responses yet. Waiting to see what next week entails. Although, next week is my last week and I know I am going to miss working and living here.
Week 4:

Well! I guess all good things must come to an end. This last week and a half, I spent a lot of time with some of my coworkers, I visited places that I had missed on my first outings, and I did some shopping. Work this week was not very eventful. I did the same thing I was doing all month. But, looking back on it, I realize just how much I have learned. My research, communication and writing skills all have improved. I did not expect my supervisor to give me free range on this project, but he allowed me to grow and learn and with his help my letters of inquiry have improved. The atmosphere has been very laid back but every employee is expected to succeed and all are exceptional. We could go to work in jeans and a t-shirt that did not matter as long as the work was done well and effectively.

Outside of work, I will miss the friends I have made here the places I visited and the food I have eaten. My family helped me through this whole journey and having them here helped me to be successful. I will not forget this experience. I grew as a student, a professional and as a woman. This internship was the first which was related to my studies, and although I do not specifically want to focus on fund raising I learned the necessary skills for my future career, especially since the basis of the work I want to do rely heavily on outside funding.

Copenhagen has been a great learning experience and I am happy to have chosen such a place for my internship requirements.
OUR ORGANISATION

InnoAid is driven by the activities and inputs from its members (Orange) and external partners (Grey) who all contribute to the success and growth of the organisation and the projects:

Collaboration with universities is a central focus of InnoAid. We work together with university students through strategic academic partnerships. We aim to involve students from many different universities and disciplines to create a strong and highly cross-disciplinary profile, and to make use of the newest academic knowledge in our development work. Read more about academic partnerships here: STUDENT PROJECTS.

Collaboration with project partners is key in ensuring local ownership of our projects. InnoAid is collaborating with local organisations, internationally based organisations and donors. Read more about our EXCISTING PARTNERS.
INTERNAL ORGANISATION

The organisational structure of InnoAid is built around the projects which are the core engine of the organisation. 6 Supporting units have been established to support the projects and to share effectively the knowledge that is created within the projects:

- **People & HR:** To ensure that human resources facilitate the achievement of organizational goals
- **Knowledge Development:** To ensure that InnoAid’s strategic know-how is developed and utilized
- **Treasury:** To provide sound and efficient management of all organizational finances
- **Funding:** To actively seek funding for the organisation and support projects in their pursuit of funding
- **Operations & Organisation:** To make the organisation efficient and develop a practical framework that supports this
- **External Communication:** To promote InnoAid and show the organisations’ commitment and professionalism
STUDENT PROJECTS

InnoAid is collaborating with university students through academic partnerships. We aim to involve students from many different universities and disciplines to create a strong and highly cross-disciplinary profile, and to make use of the newest academic knowledge in our development work.

We encourage students:

- To gain interest in using their skills to address development challenges
- To undertake local research, develop concepts, prototype, set up and validate pilot implementations
- To reflect critically on InnoAid’s projects by using theories relevant for their academic path
- To share experiences and results with the InnoAid organisation

We can offer:

- Projects and challenges that are directly linked to our ongoing activities
- Network and partners, both local and global
- Tools and experience in user-centered design in developing countries
- A platform to take the project further than just the idea
- Co-supervision as well as feedback on approach and findings
- Help to arrange local accommodation, translators etc. (self-financed)
My work
To Whom it May Concern,

InnoAid is submitting a letter of inquiry to (Name of Org), to consider funding our Bengali Rural Ambulance Project.

**Introduction:**

InnoAid is a non-profit, non-governmental organization founded in 2008 in Copenhagen, Denmark by a group of young professionals determined to address developmental challenges by using their educational prowess. Today InnoAid has grown to be an international organization with several ongoing development projects, supported by Universities and several other sponsors. Through cross-disciplinary team work, participatory methods and knowledge sharing our mission is to create and implement innovative, sustainable, and user-friendly solutions where aid is needed.

Our current project, the Bengali Rural Ambulance Project (BeRA), aims to improve the transportation situation in the rural areas of Sunderbans in West Bengal, for people in need of health services from local households to health clinics. Preliminary work has allowed InnoAid to determine areas of need. For the pilot phase of this project InnoAid would test two different ambulances with 3 different models in two areas of Sunderbans, with current assumption, our budget is estimated to be 1,135,000DKK.

**The Need:**

The health care system and infrastructure is poorly developed, leaving a large share of the population with little or no access to proper health care services. The services offered are sporadic and unreliable, with limited presence of skilled workers. Those in need of immediate assistance can rely only on poor logistic infrastructure: private and non-consistent transport services that are not tailored to transport patients in need of health care, and are unavailable during the night.

At present, people in the rural areas of India who need transportation to a hospital / medical centre, have limited options, and few have the characteristics needed. Although motorised van rickshaw or human van rickshaw seem to offer the best alternative, none are operative at night calling for a new operating model. In addition, these solutions need improvements in terms of comfortability of the patients and their ability to administer medical help, calling for an upgraded technical solution specifically for the areas of Sunderbans. In any case, the cost is an important driver, and Aalborg University is currently undertaking a project to assess best pricing model for population in Sunderbans.

The BeRA project also attempts to improve social coherence by focusing on access to healthcare. As a consequence of this, the project’s structure is also intended to support collaboration between involved stakeholders both in project development and implementation.

**Who it Serves and How it Works:**

Beneficiaries for the project are diverse, and several are the reasons for demanding ambulance services: Women during pregnancy or labour represent a large share of identified potential beneficiary of the BeRA projects, with many women undertaking traditional deliveries in the home, endangering their life and that of the child.
The project is constituted by two components: a technical solution in the shape of an ambulance vehicle and an operating model that includes service system and ownership model. Given the need to develop a solution that satisfies the critical success factors, the implementation plan includes a pilot phase where more options are tested, to identify the most viable solution and possibilities for scaling up. The need for a new solution comes from the specific conditions present in Sunderbans in terms of road infrastructure and weather patterns during the year, and from extensive ethnographic research that highlighted the need of a locally-developed solution that can benefit from existing local solution, with easy and accessible maintenance and adaptation. The product – the ambulance – cannot be successful alone: it needs a service system well anchored in the local structures that drives the logistics and operation of the ambulances to run smoothly at any time of day, all year around, following the key success criteria established. Three models were developed, that looked at which figures should be involved, how to best organize their work, how to deliver the best service, and overall how to create most value to all stakeholders involved.

**Leadership:**

InnoAid provides concept solutions based on coordination between students with relevant competences and local stakeholders to provide for a sustainable locally appropriate solution.

The InnoAid BeRA team includes:

- Jonas Bech Møller, PhD, MSc.Eng. Researcher at Novo Nordisk, experience in project management, technical insight, supervising student projects. Theoretical knowledge in marketing and innovation management.
- Matias Pollmann Gomez, MSc.Eng. Consultant at the Boston Consulting Group, experience in project management, developing sustainable solutions for third world countries. Theoretical knowledge on organizations operating in multi-cultural contexts.
- Claus Cramer Petersen, MSc.Eng. PhD. Researcher at the Technical University of Denmark, experience in on sustainable designs, supervising student projects. Theoretical knowledge on innovation creation and development of sustainable design.

**Conclusion:**

The BeRA project aims at improving the health conditions among the poorest in Sunderbans, India, through strengthening capacity of health care professionals and through strengthening of locally-based healthcare transport measures, addressing the lack of means to access local health clinics.
Concept note for BeRa
(Bengali Rural Ambulance Project)

Dear Sir/Madam

This document is a description of the so-called BeRa (Bengali Rural Ambulance) project and is created in order for potential donors to get a quick overview of what has been done in the project and its future potential and challenges. The document is separated in different parts – which relate to the different key questions stated below. We hope you will find our project appealing and would like to discuss the possibilities for funding the final project phase.

What is the problem and why does it have high relevance? (Section 1-2, page 1-2)

Do we have a unique sustainable project that can help solve the problem? (Section 3-4, page 3-4)

Do we have the right organization and people to succeed with such a project? (Section 5-6, page 4-5)

How much capital is needed for the final phase of the project? (Section 7, page 5)

1. Background and context

The BeRA project was initiated in 2010 by InnoAid.org, to address the expressed need from a local NGO and doctors in the rural areas of Sunderbans (West Bengal), for improved transportation of people in need of health services from the local households to health clinics.

An extensive phase of research and solution design was initiated, led by InnoAid, with partnerships with technical universities in Denmark and Italy, to research on the problem and design solutions using academic standpoint and InnoAid’s design approaches. 11 different projects were carried out since 2010, involving 20+ students, InnoAid members and academics (overview in appendix). Projects included concept design and prototyping, ethnographic research, service system design, stakeholder mapping, and business plan / project formulation.

Sunderbans, situated nearly 170km from the state capital Kolkata, is the region where land meets the sea at the southern tip of West Bengal (Eastern part of India, bordering with Bangladesh), within the intricate rivers created by the Ganges delta and the flat fiords coming from the ocean. The region has the world’s largest mangrove forest area, and is composed by hundreds of small islands, surrounded by rivers and canals watered by the river Ganges and the tide from the ocean. The area outside the reserve forest is home of about 4 million people spread over 19 administrative blocks. The project is located in the South-24-Parganas district, which is the most populous, home to 75% of the total Sunderbans population living in poor conditions and with poor infrastructural conditions (limited electricity, poor road conditions, and limited health care and education infrastructures, among others).

2. Rationale for the proposed project

The health care system and infrastructure is poorly developed, leaving a large share of population with little or no access to proper health care services. The services offered are sporadic and not reliable, with limited presence of skilled workers. Those who would need immediate assistance can rely only on poor logistic
Inquiry Letter

Innovating aid and aid for innovation infrastructure: private and non-consistent transport services that are not tailored to transport patients in need of health care and are not available during the night.

At present, people in the rural areas of India that need transportation to a hospital / medical centre, have limited options, and few have the characteristics needed (see table 1).

<table>
<thead>
<tr>
<th>Energy source</th>
<th>Option</th>
<th>Capacity</th>
<th>Accessibility</th>
<th>Affordability</th>
<th>Manoeuvrability</th>
<th>Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diesel/gas</td>
<td>Own car</td>
<td>Green</td>
<td>Red</td>
<td>Green</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td></td>
<td>Relative/friend car</td>
<td>Green</td>
<td>Red</td>
<td>Green</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td></td>
<td>Bus</td>
<td>Green</td>
<td>Red</td>
<td>Green</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td></td>
<td>Motorised rickshaw</td>
<td>Red</td>
<td>Yellow</td>
<td>Red</td>
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<td>Red</td>
</tr>
<tr>
<td>Human</td>
<td>Bike</td>
<td>Red</td>
<td>Yellow</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td></td>
<td>Van rickshaw</td>
<td>Red</td>
<td>Yellow</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
</tbody>
</table>

Table 1: Present market for transportation between rural villages and health clinics/hospitals. Capacity: Based on the number of persons that can be transported. Accessibility: How easy/often can the transport be accessed. Affordability: Measured in respect to standard income of people in rural areas. Manoeuvrability: How well does the vehicle suit small bumpy roads. Comfort: Defines the ability of the patient to stay in preferred position and avoid adverse shocks.

Although motorised van rickshaw or human van riskshaw seem to offer the best alternative (Table 1), none is operative at night (needing a new operating model) and they need improvement in terms of comfort to fulfil the healthcare need (needing an upgraded technical solution specifically for the areas of Sunderbans). In any case, the cost is an important driver, and Aalborg University is currently undertaking a project to assess best pricing model for population in Sunderbans.

Experience in Sunderbans shows lack of social cohesion and capacity, due to many factors such as, but not limited to, ‘brain drain’ effects, the short history of the area, low employment, and poverty. The BeRA project attempts to improve the social coherence by focusing on access to healthcare. As a consequence of this, the project structure is also intended to support collaboration between involved stakeholders both in project development and implementation.

Beneficiaries for the project are diverse, and several are the reasons for demanding ambulance services: Women during pregnancy or labour represent a large share of identified potential beneficiary of the BeRA projects, with many women undertaking traditional deliveries in the home, endangering their life and that of the child. Furthermore diabetes is a surging undiagnosed problem, with symptoms ranging from dehydration and unconsciousness, unnatural weight loss, weakness and fatigue, numbness, and other symptoms. These symptoms are usually protracted until the patient reaches critical and immediate need for health care. Other potential patients are those suffering from abdomen pain, acute gastroenteritis and animal attack.

The BeRA project aims to cope with these issues by providing awareness and the possibility to access to (limited) health care system present in Sunderbans. One example of this is through a more proactive treatment of diseases and illnesses such as those mentioned above.

3. Project objective and strategy

The BeRA project aims at improving the health conditions among the poorest in Sunderbans, India, through strengthening capacity of health care professionals and through strengthening of locally-based healthcare transport measures, addressing the lack of means to access local health clinics. This will be achieved by strengthening the civil society capacity through advocacy, capacity building of local healthcare practitioners and developing and implementing locally-based/owned ambulance product-service system. It is the goal that such a system can provide secure and comfortable transportation of the patients in need to nearest health clinic. Critical success factors are that 1) It should operate 24/7, 2) It is tailored for the needs of patients, 3) it is affordable for families, 4) it is adapted to local road / weather conditions 5) it requires limited investment/running/maintenance costs.
The project is constituted by two components: a technical solution in the shape of an ambulance vehicle and an operating model that includes service system and ownership model. Given the need to develop a solution that satisfies the critical success factors, the implementation plan includes a pilot phase where more options are tested, to identify the most viable solution and possibilities for scaling up.

**Technical solution – Ambulance vehicle**
Ambulance designs were developed in partnership with universities in Denmark and Italy, which all satisfy the requirements set by the project (images available in appendix). The need for a new solution comes from the specific conditions present in Sunderbans in terms of road infrastructure and weather patterns during the year, and from extensive ethnographic research that highlighted the need of a locally-developed solution that can benefit from existing local solution, with easy and accessible maintenance and adaptation:

- IndiAmbulance (design): an upgraded trailer with stretcher that can be used by hand, bicycle or motorized vehicle; price estimate: 17,500 INR
- Rickshaw Ambulance (Prototype made in Sunderbans): simple solution upgrading the widely available van rickshaw, man powered tricycle; price: 16,000 INR
- SunAmbulance (design, similar prototypes manufactured elsewhere): based on existing design, ambulance powered by man, sun and electricity; price estimate: 55,000 INR
- Ambulance 2 (Design): simple solution upgrading the widely available van rickshaw, man powered tricycle, disconnecting the trailer, and with upgraded stretcher; estimated price: tbd
- Double-driver (design, prototype in Italy): bicycle concept with double driver solution, stretcher positioned in front; price estimate: tbd
- Local motor-rickshaw: motorized vehicle widely used in Sunderbans, that can be adapted to host a stretcher; estimated price: tbd

2 options will be selected in collaboration with local partners, and tested through pilot implementation.

**Operating model (service system and ownership model)**
The product – the ambulance – cannot be successful alone: it needs a service system well anchored in the local structures that drives the logistics and operation of the ambulances to run smoothly at any time of day, all year around, following the key success criteria established. Three models were developed, that looked at which figures should be involved, how to best organize their work, how to deliver the best service, and overall how to create most value to all stakeholders involved. They are not intended to exclude each other, but rather to test different options separately, learn from pilot implementation, and collect all learning into the final operating model. In all cases, (1) 24/7 phone accessibility must be ensured, as well as (2) reasonably pricing and scheme to support the poorest (average income per capita is 18,000 INR/year, and cost per trip will not be more than 150-200 INR, making it affordable for the majority of the population), (3) proper monitoring of performance, (4) impact and efficiency (with compliant handling system), (5) strong local awareness and advertisement through local channels, (6) operating manuals with rules and guidelines for patients and drivers, (7) flexible salary to drivers to incentivize affiliation, (8) integration of maintenance cost in overall business plans, (9) the delivery of capacity building in health care to drivers, and (10) the provision of the basic health care product needed in the ambulance. (The description of the 3 operating models in detail can be found in appendix).

**Implementation plan and resources (work in progress)**
Phased approach implementation is divided into two phases. The first pilot phase includes:

1. Preparation: selection of areas and villages, development of prototypes, increase the local knowledge and awareness of health measures available, link stakeholders and survey services levels (e.g. availability of services by health clinics in the area), involve village committees and government stakeholders, map areas and road conditions, make time estimate of transportation and assess potential challenges;
2. Baseline study: Apply quantitative methods to measure number of cases where transportation to health clinics was needed – and not arrived in time. Research number of visits to medical doctor.
3. Capacity building: workshops and training by local NGOs and health care professionals of local practitioners;
4. Pilots setup: preparation of the pilots, with manufacturing of prototypes, detailed manuals and guidelines, development of templates and monitoring system, advertisements and other material, economic feasibility through informed business plans;
5. Testing: run different pilots in different areas, with strong attention to monitoring and inclusion of local users and village committees to troubleshoot and document learnings;
6. Scale up preparation: documentation of learnings, advocacy, finalization of product-service system, preparation of all material for scale up, inclusion and advocacy to authorities.

The second phase if for full scale-up: expand product-service system found appropriate and sustainable for the local need to several more areas in the Sunderbans, advocating for full adoption of the model by the authorities.

4. Expected results

Expected results for the pilot phase of the BeRA project include: (1) Advocacy to local authorities, (2) data collection on extent and access to public health care offerings and limitations, (3) implementation of 6 pilots in 2 different areas of Sunderbans, (4) collection of learnings and impact of all pilots, (5) development of concept manual for best solution / combination for scale-up.

5. Innovation at stake

InnoAid aims to develop and implement innovative and sustainable solutions together with the people in the world's developing countries that should benefit from them. We create solutions by combining our interdisciplinary skills and put them into action in the local context, developing them together with various stakeholders such as Universities, NGOs and the end-users in the given local context.

Involving relevant actors in the development process is highly relevant when the goals it to achieve sustainable design, creating both insight and ownership. Especially in developing countries, it is important to have a thorough understanding of users, the context and the system as the solution should include these factors. If a new solution is to be a successful both during and after implementation, it is important that it takes into account that there are often very different local values and needs and that final users receives full ownership of the system and the skills needed to maintain it after the implementation period.

Solutions developed so far in the project are diverse, but all with strong focus on the local context and need, and most projects participated in detailed field research and development activities with actors that will be involved in the project, to develop the proposed solutions with them.

6. Organizational background

InnoAid is a non-profit, non-governmental organisation that was founded in Copenhagen, Denmark in January 2008. The mission of InnoAid is to co-create and implement innovative user-oriented and sustainable solutions where aid is needed, through cross-disciplinary teamwork, participatory methods, and knowledge sharing.

Why is InnoAid the right organization to succeed in this project? InnoAid provides concept solutions based on coordination between students with relevant competences and local stakeholders to provide for a sustainable
Inquiry Letter

locally appropriate solution. InnoAid adds value to the project by providing a link between a local need and identifying how these needs can be addressed through the work of relevant students. InnoAid provides overall strategic planning, as well a testing of the project concepts through fundraising activities. InnoAid support local partners with capacity building, strategic advice and overall project management capabilities.

The InnoAid BeRA team is composed by:

- Jonas Bech Møller, PhD, MSc.Eng. Researcher at Novo Nordisk, experience in project management, technical insight, supervising student projects. Theoretical knowledge in marketing and innovation management.
- Matias Pollmann Gomez, MSc.Eng. Consultant at the Boston Consulting Group, experience in project management, developing sustainable solutions for third world countries. Theoretical knowledge on organizations operating in multi-cultural contexts.
- Claus Cramer Petersen, MSc.Eng. PhD. Researcher at the Technical University of Denmark, experience in on sustainable designs, supervising student projects. Theoretical knowledge on innovation creation and development of sustainable design.

7. Budget estimate

For the pilot phase, 2 different ambulances will be tested with 3 different models, in 2 areas of Sunderbans. With current assumption, the following high-level budget can be devised, summing to 1,135,000 DKK:

- 100,000 DKK for the prototypes
- 65,000 DKK for investment in business model
- 40,000 DKK in advocacy activities and community mobilization
- 80,000 DKK in transport, communication, manual and media development, etc
- 100,000 DKK in IT investments, capacity building for partners in India
- 56,000 DKK for experienced expatriate staff field trips
- 365,000 DKK for local staff, including project leader, drivers, field coordinators
- 56,000 DKK for local administration costs
- 66,000 DKK for monitoring and evaluation costs
- 200,000 DKK for information costs in Europe, administration in Denmark, official auditing and budget margin

Contact information

InnoAid.org
C/O Mellemfolkeligt Samvirke
Fælledvej 12, DK – 2200 Copenhagen N, Denmark
Mail: info@innoaid.org
Phone: (+45) 6165 5669 or (+45) 2217 3450
CVR: 3138 0367

Project manager – BeRA
Jonas Bech Møller, PhD, MSc
InnoAid.org
Phone: (+45) 3079 6322
Mail: jbm@innoaid.org

Appendix
Current vehicle designs

<table>
<thead>
<tr>
<th>IndiAmbulance</th>
<th>Rickshaw Ambulance</th>
<th>SunAmbulance</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="IndiAmbulance" /></td>
<td><img src="image" alt="Rickshaw Ambulance" /></td>
<td><img src="image" alt="SunAmbulance" /></td>
</tr>
<tr>
<td>Ambulance 2</td>
<td>Double-driver:</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Ambulance 2" /></td>
<td><img src="image" alt="Double-driver" /></td>
<td></td>
</tr>
</tbody>
</table>

Operating models

The first operating model tries to find the best balance between slow transportation system and distance of households from the main streets. Ambulance vehicles would be owned and managed by local administration – with the close support of local NGO – that will staff drivers and facilitate communication of the new services to all the communities. Standard stretchers will be available in every village, managed by the local village youth club or village committee, limiting the distance to any household. When a patient calls the emergency number, the driver will agree on a meeting point with the family of the patient, and they will be able to collect the stretcher from the village and transport the patient to the agreed meeting point by foot, where the ambulance will collect the stretcher (leaving behind an extra one for the village) and drive to the closes operative health clinic.

The second operating model is based on strong local affiliation, ownership and control. The village committee owns the ambulance provided by an NGO, raising part of the investment from the villagers themselves, and manage maintenance and complaints; a family franchises the service, by paying a fixed rent to the village committee, and run the ambulance service and accounting; the NGO provides capacity building and operates as third external party to ensure transparency and accountability. The family answers to the village committee, and collaborates with the field health workers who are monitoring pregnancies in the villages.
The third operating model engages private entrepreneur who already have a private vehicle and would like to expand their activities. The village committees and local NGO offers them the possibility to become ambulance-certified drivers, if they pay half of the upgrades needed to their vehicle, and if they successfully participate to the capacity building course of the NGO. The village committee will handle emergency calls and keep a roster of all numbers of certified drivers in the area, and will also handle complaints of patients to ensure quality and low prices of the services. All earnings go to the certified drivers, who must also pay for all relative maintenance expenses.

Projects undertaken since 2010

- 2010: Initial research (InnoAid)
- 2010: IndiAmbulance design (Technical University of Denmark)
- 2010: Second field research (InnoAid)
- 2011: First service system design (Polytechnic of Milan)
- 2011: Prototyping of Rickshaw Ambulance (Technical University of Denmark)
- 2011: Second service system design (Technical University of Denmark)
- 2011-2012: Double-Driver design (Polytechnic of Milan)
- 2012: SunAmbulance design (Polytechnic of Milan)
- 2012: Third and fourth service system design (Technical University of Denmark)
- 2013: small appraisal (InnoAid)
- 2013: Finalization of operating model (Aalborg University)
- 2013: Finalization of business plan (Polytechnic of Milan)
## List of Potential Donors

<table>
<thead>
<tr>
<th>Name of the Donor Agency</th>
<th>Website and contact info</th>
<th>Key priorities</th>
<th>Application procedure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockwool Fonden</td>
<td><a href="http://www.rockwoolfonden.dk">www.rockwoolfonden.dk</a> Phone +45 46 56 03 00 e-mail: <a href="mailto:rockwoolfonden@rockwool.org">rockwoolfonden@rockwool.org</a> Kronprinsessegade 54, 2. DK-1306 Copenhagen K Denmark</td>
<td>- Social entrepreneurship. - “Help to self help”: long-term self-sustainability of projects. - Innovation and spreading (new approaches and methods; document best practice for upscaling of interventions).</td>
<td>Online electronic form, depending on applying fund option: - Strategic Programmes of interest for INNOAID: Poverty alleviation, Social capacity building. - Small donations (up to 100,000 DKK).</td>
</tr>
<tr>
<td>BG fonden</td>
<td>No website (!) Fiolstræde 44 1171 København K Telefon: 33 77 93 93</td>
<td>“The aim is to act for the benefit of the general purpose and thus could provide support to associations and institutions with humanitarian, social, cultural, scientific purposes”</td>
<td>No application procedure whatsoever. Assumption: call first to get a general idea of their financial supportive intentions.</td>
</tr>
<tr>
<td>Brøderne Harmanns Fond</td>
<td><a href="http://www.hartmannsfonden.dk">http://www.hartmannsfonden.dk</a> Telefon: 45 97 00 00</td>
<td>“The aim is to support, in the following order, scientific, social, humanitarian, cultural or educational purposes”</td>
<td>Online electronic form. 4 calls per year (unspecified dates).</td>
</tr>
<tr>
<td>Bodil Pedersens Fond</td>
<td>Direktør Nils Armand Bodil Pedersen Fonden Postboks 18 3250 Gilleleje.</td>
<td>“Economic support for cultural, scientific and humanitarian purposes;... innovative activities.”</td>
<td>No application procedure. 3 calls per year (unspecified dates).</td>
</tr>
<tr>
<td>Augustinus Fonden</td>
<td>Amaliegade 47, 1. 1256 København K Tlf. 33 14 52 93.</td>
<td>“Fund for charitable and human purposes”</td>
<td>No procedure.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Address/Website</td>
<td>Fund Purpose</td>
<td>Application Process</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>15. Juni Fonden</td>
<td>c/o Gorrissen Federspiel Kierkegaard</td>
<td>“Fund supports scientific, social and humanitarian purposes”</td>
<td>No procedure. 2 calls: 31st October, 30th April</td>
</tr>
<tr>
<td></td>
<td>H.C. Andersens Boulevard 12 1553 København V</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telefon: 33 41 41 41</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:gfk@gfklaw.dk">gfk@gfklaw.dk</a></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td>Albani Fonden</td>
<td><a href="http://www.albanifonden.dk">www.albanifonden.dk</a></td>
<td>“...mainly in south DK... but also humanitarian purposes”</td>
<td>Online electronic form:</td>
</tr>
<tr>
<td></td>
<td>Tvergade 2 Postbox 170 5100 Odense C.</td>
<td></td>
<td>- Short description of project.</td>
</tr>
<tr>
<td></td>
<td>Tlf.: 65 48 75 00</td>
<td></td>
<td>- Amount applied for.</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:pni@albanifonden.dk">pni@albanifonden.dk</a></td>
<td></td>
<td>- Purpose of funds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Other funds applied/applyng for.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Budget and Annual report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Extras: financial &amp; activity plan...etc.</td>
</tr>
<tr>
<td>Codan Fonden</td>
<td>Codan-Fonden Gammel Kongevej 60 1790 København V</td>
<td>“Fund supports scientific, social and humanitarian purposes”</td>
<td>No procedure specified.</td>
</tr>
<tr>
<td>Frimodt-Heineke Fonden</td>
<td>V/Advokat Lars Skibsted Edellundsvej 1A, 2. tv 2930 Klampenborg Tlf. 45 85 22 88</td>
<td>“…humanitarian and social purposes”</td>
<td>No procedure.</td>
</tr>
<tr>
<td>Dampskibsselskabet Hafnias fond</td>
<td>Advokat Olaf C. Ehrenskjold H C Andersens Boulevard 1553 København V Tlf.: 33 41 41 41 <a href="mailto:gfk@gfklaw.dk">gfk@gfklaw.dk</a></td>
<td>“…charitable and human purposes”</td>
<td>No procedure.</td>
</tr>
<tr>
<td>Jyllands-Postens Fond</td>
<td>Grøndalsvej 3 8260 Viby J. Tlf.: 87 38 38 38</td>
<td>“Activities and projects for social organisations and associations”</td>
<td>No procedure.</td>
</tr>
<tr>
<td>Novo Nordisk Fonden</td>
<td><a href="http://www.novonordiskfondenden.dk">www.novonordiskfondenden.dk</a></td>
<td>Humanitarian support for NGOs that focus on human health and welfare with recognition (f.eks: Médecins Sans Frontières, The Danish Red Cross, The Danish Refugee Council).</td>
<td>Online application form:</td>
</tr>
<tr>
<td></td>
<td>Tuborg Havnevej 19 2900 Hellerup Tlf.: 35 27 66 00 E-mail: <a href="mailto:nnfond@novo.dk">nnfond@novo.dk</a></td>
<td></td>
<td>- NGO info &amp; project description</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Status report and budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Illustrations.</td>
</tr>
<tr>
<td>Name of the Foundation</td>
<td>Address</td>
<td>Phone</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Dronning Margrethes og Prins Henrik's Fond</td>
<td>2100 København Ø. Tlf.: 72 27 00 00</td>
<td></td>
<td>“.. support of specific projects with social purposes”. Calls: 15th February, 15th August Online Word downloadable form, including: - Project description (1-2 pages), requested amount, Budget, CV, Recommendations.</td>
</tr>
<tr>
<td>Kronprins Frederiks og Kronprinsesse Marys Fond</td>
<td><a href="http://www.kongehuset.dk">www.kongehuset.dk</a> Amalienborg Slotsplads 8 Fr. VIII's Palæ 1257 København K</td>
<td></td>
<td>“supports: 1) humanitarian and social purposes. ...” Note: projects NOT funded if already started or finished. Hard copy sent by post, including: - Short project description in Danish. - Budget &amp; Financial plan. - Organisation's data, email address...</td>
</tr>
<tr>
<td>Simon Spies Fonden</td>
<td>Sankt Gjertruds Stræde 10 1129 København Tlf.: 70 27 10 80</td>
<td></td>
<td>“”</td>
</tr>
</tbody>
</table>
*Docs to be submitted: concept note, project proposal/idea... extra: calls per year; amount; accounting and monitoring requirements, etc.

Interesting websites:
Funds for NGOs: http://ideer-for-livet.dk/iflfonden/andrefonde/#Andet
Donors database: http://www.fundsforngos.org/bilateral-multilateral-funds-for-ngos/
and http://www.fundsforngos.org/foundation-funds-for-ngos/
http://www.fundsforngos.org/foundation-funds-for-ngos/
My Reflection
Reflection

It has been about 2 weeks since I have returned from Copenhagen. I enjoyed my internship very much, I learned a lot about myself and the kind of work I am capable of doing. Not only did I meet the majority of my goals I learned more than I ever expected. My work will continue to be used and I feel very proud of that achievement. Working for InnoAid had improved my communication, leadership, and time management skills. I very much enjoyed working with InnoAid and have decided to continue to support them from here

I arrived in Copenhagen and started work right away. My duties included researching potential donors and finally writing grant proposals and letters of Inquiry. It sounds easy but my work was a bit challenging. Initially, I was intimidated by the work. I did not know what to expect and I was especially intimidated by the writing process. I had never written professional letters and was worried I would not meet my supervisor’s expectations. With a lot of research and revisions, the letters of inquiry I wrote for some potential donor agencies were accepted and that was a relief. In addition to writing these professional letters, I also had to compile a data base of potential donors who would respond well to our project. The project is one that would create an ambulatory system for people living in rural areas of India. Many of the people we are targeting have no way to get to a doctor early enough and end up dying sometimes of illnesses that could have been treated. In addition the project targets pregnant women during all stages of the pregnancy. I immediately connected and latched on to this idea and wanted to make sure that my research was extensive and beneficial to our project. In the end, I gathered about 150 organizations and after more analysis to determine whether or not competencies were aligned, I had about 50 that I started sending letters of inquiry.
Aside from my job assignments, each week my supervisor and I met to discuss the progress of my work and talked about improvements we could make to our process. One of the main things my supervisor wanted to ensure was that my work could be transferable. He wanted to make sure that after I left, anyone else could take over and continue the work with little confusion. To do that, all of the work I did was shared on Dropbox for anyone of the InnoAid staff to access. I did not save anything on my personal computer to ensure that my work was accessible. After 4 weeks, I more than fulfilled my internship requirements because even though I was not supposed to I did extra work on the weekends. I loved my work. It allowed me to contribute to a project that could create change.

Finally, I can honestly say that I met all of my learning goals. I improved my leadership and communication skills, by taking full responsibility of the fundraising for the project. Now that I have learned the process of what fundraising entails, I will now be able to combine it with all of the theory I have learned during my career at UWM. I especially learned more about the people who live in the Sunderbans who have no access to clean water, most go hungry and die of preventable or treatable illnesses. I do believe that was the most fulfilling aspect of my work, knowing that I was part of improving the lives of people in these areas. As for my career goals, not only did I get insight on how a nonprofit operates, I was in charge of a whole project with limited supervision, which allowed me to make decisions, and follow through. I have attained a lot of experience by working for InnoAid. They embody everything I envision small organizations to be. I enjoyed so much to work with the staff of InnoAid and I believe so much in their cause that I have decided to continue to work with them.

Copenhagen was an amazing experience, both professionally and personally. I met a lot of people visited a lot of places and I enjoyed my time very much. Although the Danes were not
as nice and polite as I expected the rest was still pretty amazing. I thank the Global Studies program for forcing us to travel around the world to live through experiences we will never forget and will always appreciate because of the lessons learned.
The End
D. Elodie Kassa
918 W Laramie Lane, Bayside, WI 53217 • (414) 243-4869 • ekassa@uwm.edu

Education

**B.A. in Economics & International Studies**
University of Wisconsin-Milwaukee
Expected Graduation Date: 5/2014

**Immersion Chinese Language**
Peking University, Beijing, China
September 2011 – May 2012

Skills & Qualifications

- Excellent written and oral communication skills
- Demonstrated experience in project management, community organizing, and research
- Fluent in French and Mandarin
- Ability to multi-task in a fast-paced work environment with minimal oversight

Experience

Coordination Assistant, Johnson Controls Human Resources Learning and Development
Milwaukee, WI (4/2013 – Present)

- Organize and assist with iLead facilitations
- Assist in recruiting for Diversity and Inclusion team
- Assist with Global Kick-off for Leadership Edge Program
- Involved in daily communications and meetings.

Fundraising Intern, InnoAid
Copenhagen, Denmark
(12/2013-3/2014)

- Research and identify potential donor agencies
- Prepare and write funding proposals
- Organize funding events

Sickle Cell Patient Partner, Medical College of Wisconsin
Milwaukee, WI (2/2013 – Present)

- Provide general input on the study’s progress
- Provide input on drafting questionnaires, informed consent documents and other study materials
- Assist in fine-tuning the aims of the study with regard to the feasibility of using mobile health technology as a tool to encourage interaction of patients with their care teams

President, Interdisciplinary Initiative Forum
Milwaukee, WI (6/2013-Presnt)

- Organize student forums and invite guest speakers
- Organize community service events in the community
- Collaborate with community organizations on local projects
To whom it might concern,

It is hereby confirmed that Elodie Kassa has successfully completed the internship of 4 weeks within January 2014 with InnoAid.org, a professional non-profit NGO of volunteers developing innovative, user-centered solution where aid is needed. Elodie supported the process of identification of funding opportunity for a health care project in West Bengal, and pushed forward the funding application process with determination and effectiveness. The project being funded aims at improving the transportation situation in the rural areas of Sunderbans in West Bengal, for people in need of health services from local households to health clinics, currently absent in the target areas.

In order to create a sustainable impact in the work being done by InnoAid, Elodie developed an extensive and comprehensive list of potential donors for the project, identified funding mechanisms and processes, developed a sharp and effective letter of inquiry and submitted it to the prioritized shortlist of potential donors.

Elodie's strengths have been very valuable, and I believe that these strengths can be applied in a variety of situations. In particular Elodie

- Demonstrated clear leadership and independence in the project: Although completely independently (we had only weekly touch bases), Elodie singlehandedly carried out the work providing the necessary updates, content and proposed next steps; She engaged the team as it was needed, managing very well the processes
- Carried out the work professionally and effectively: Elodie developed high-quality material, always with a high degree of focus, making sure of the validity and usefulness of the work being performed
- Proved commitment and dedication: Elodie made sure that the work being performed could be taken on by the organization afterwards, ensuring sustainability and continuation of activity; As we are a volunteering organization, this is very valuable and not always possible when involving interns.

InnoAid will continue based on the valuable work that Elodie did with us, and I am delighted to provide my sincere recommendation.

I am available if there is a need for further information.

___________________________

Matias Pollmann Gomez
Board member, InnoAid.org
Dear UWM,

InnoAid is a non-profit, non-governmental organization focused on the sustainable development of areas in need. Through collaborations with universities and support from several sponsors, InnoAid is able to create cross-disciplinary sustainable solutions for specific areas. Our projects range from creating a sustainable and efficient health-access system in rural India to the sustainable management of kitchens in Nepal. With the help of local communities and collaborative efforts, InnoAid is able to create and implement projects which will have positive impacts on communities.

In order to sustain and fund our projects we need to identify potential donors who are not only well aligned with our projects but also who understand the importance of sustainable development. While in Copenhagen, Elodie will be working full time and assisting us with identifying these potential donors and writing proposals for funding, focusing on the Bengali Rural Ambulance Project. We look forward to working with her.

Thank You

______________________________
Matias Pollmann Gomez
Board member and project manager